

**California National Guard**  
**Simplified Network Access (CA Domain) Request Form**  
**Fax Completed Forms to (916) 854-3018**  
**All required fields must be complete for successful processing**

Application Information		Organization Information	
Last Name		Rank:	Unit or Activity
First Name		Employee Status: <input type="checkbox"/> Full-time <input type="checkbox"/> M-day	
AKO E-mail:		<input type="checkbox"/> AGR <input type="checkbox"/> SAD* <input type="checkbox"/> Mil Tech (ARNG) <input type="checkbox"/> Mil Tech (* ANG) <input type="checkbox"/> SDF* <input type="checkbox"/> Other Svc <input type="checkbox"/> Civ Tech <input type="checkbox"/> St Civil Service <input type="checkbox"/> Other	
Middle Initial		Applicants with employee status' listed above that are followed by an * must provide proof of current valid National Agency Check (NAC) level or higher. Acceptable forms of validation are: • Attachment of validated proof of a current National Agency Check from the CA-ARNG State Security Manager <b>or</b> • Voluntarily provide your Social Security number for CCF cross match:  <b>SSN:</b> _____ - _____ - _____.	
Daytime Phone	(      )		

**Use Policy**

You have applied for a network account on the CA Domain, which is a member of the Department of Defense Unclassified but Sensitive Internet Protocol Router Network (NIPERNet). Use of this account is For Office Use Only, restricted to the processing of Unclassified materials. Conduct is governed by Joint Ethics regulation DOD 5500.7-R as well as all other applicable DOD, DA and local policies. I understand I have the primary responsibility to safeguard my user name, password and PIN from unauthorized access or disclosure. I further acknowledge this account is provisionally granted for a maximum period of 21 days, pending my successful completion of the Acceptable Use Policy (AUP) application; directions will be provided in email. I also acknowledge that if I fail to complete the AUP in the time prescribed or do not consent to the requirements and policies identified in the AUP to include subsequent mandated updates, my account will be terminated. I also understand that if at anytime I should suspect my account may be compromised, I am required by AR 25-2 to notify the CNG Helpdesk immediately. By signing this application I consent to a review of my current background investigation status, personnel records, and active network monitoring. Should it be determined my conduct is inappropriate, monitoring information may be used for Administrative and Disciplinary actions or for Criminal Prosecution under both federal and state applicable statutes.

**Applicant Certification**

I certify the above information is correct, have read the Application Use Policy and acknowledge consent to monitoring:	Signature & Date:
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**Commander / Supervisor Verification**

I have reviewed the application for accuracy. Based on mission requirements, this employee needs network access to accomplish their mission. I have verified they meet the minimum background requirements and endorse this application	Printed Rank, First and Last Name	
	Position Title	
	Signature & Date	

**FOR J-6 INTERNAL USE ONLY**

NAC Validation:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ (if no, code)	Date Denial Sent to AKO:
EDIPI:		Date Processed:
User Name:		Date Success Notification Sent to AKO

Remarks:	
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